

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	(1),100 0				
PART I LOBBYIST					
NAME (Last)	(First)	(Middle)	TELEPHONE		
Galdones, Fred			949-4161		
MAILING ADDRESS (Street)			FAX		
451 Atkinson Drive			955-1915		
(City)	(State)	(Zi	(Zip Code)		
Honolulu, Hl 96814					
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE		
MAILING ADDRESS (Street)			FAX		
With the Field Control					
(City) (State)		(Zi	(Zip Code)		
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PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE			
International Longshore and Warehouse Union , Local 142	949-4161			
MAILING ADDRESS (Street)	FAX			
451 Atkinson Drive	955-1915			
(City) (State)	(Zip Code)			
Honolulu, HI 96814				
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE			
Guy Fujimura	949-4161			
MAILING ADDRESS (Street)	FAX			
451 Atkinson Drive	955-1915			
(City) (State)	(Zip Code)			
Honolulu, HI 96814				

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
X Agriculture		X Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations International Affairs	Tourism & Recreation		
Consumer Protection & Commerce	(X) Hawaiian Affairs	🔀 Labor & Employment	X Transportation		
Culture, Arts, Historic Preservation		Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
PART IV CERTIFICATION	ON OF LOBBYIST				
I hereby certify that th	e information furnished abov	ve is, to the best of my know	ledge, correct and complete.		
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	res		n. 3 0/		
	(Signature of Lobbyist)	\mathcal{O}	(Ďate) É		
PART V AUTHORIZAT	ION TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFI	CER OR PERSON REPRESENTED		
Guy Fujimura					
NAME OF ORGANIZATION (if	applicable)		TELEPHONE		
International Longs	949-4161				
MAILING ADDRESS (Street)	FAX				
			055 1015		
451 Atkinson Drive			955-1915		
(City)	(State)		(Zip Code)		
Honolulu, HI 96814					
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Yun K Funnum January 25, 2007			uary 25 2007		
(Signature of Authorizing Officer or Person Represented)			(Date)		
(Signature of 7	TOUR OFFICE OF THE SOFT NEPTE	oontou,	(500)		